

Image# 12960627358

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**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Special Operations OPSEC Education Fund Inc**(b) Address (number and street) ☐ check if different than previously reported901 King Street  
Suite 400

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30002042**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M /  
10D D D /  
17Y Y Y Y Y Y  
2012

through

M M M /  
10D D D /  
20Y Y Y Y Y Y  
2012**5. (a) Date of Public Distribution(s)**M M M /  
10D D D /  
20Y Y Y Y Y Y  
2012**(b) Communication Title** Media buy - FL**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: not for profit corp**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Michael Smith

(b) Address (number and street)

901 King Street  
Suite 400

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 12000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael Smith

SIGNATURE

Michael Smith

[Electronically Filed]

DATE

10/20/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Greener and Hook</b> <hr/> Mailing Address of Payee 2101 Wilson Blvd Suite 402 <hr/> City State Zip Code Arlington VA 22201 <hr/> Name of Employer Occupation <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 17 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12000.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 20 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Media buy - FL				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y </div>	
Purpose of Disbursement (Including title(s) of communication(s)) 					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12000.00 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12000.00 </div>